



Comprehensive health insurance for Tennessee's children.

www.CoverTN.gov or 1-866-COVERTN

Eligibility

- Children 18 and under
- Household income up to 250% of Federal Poverty Level (FPL)
 - Buy in available for children in households over 250% FPL
- US Citizen or qualified legal alien
- Tennessee resident
- "Go Bare" (without health coverage): 3 months
 - Waived for newborns up to 4 months of age
- Maternity coverage available for pregnant women who meet other eligibility criteria
- Screened first for TennCare eligibility or access to other state sponsored health insurance

Benefits

- Comprehensive health coverage
- Benefits modeled on state employee health plan
- Emphasis on wellness and prevention

Costs

- For families under 250% FPL, no premiums
- For families over 250% FPL, coverage available at full premium
- Co-pays vary according to income

Persons in Family Unit	150% FPL	150-250% FPL
1	up to \$15,314	\$15,315 - \$25,525
2	up to \$20,534	\$20,535 - \$34,225
3	up to \$25,754	\$25,755 - 42,925
4	up to \$30,974	\$30,975 - 51,625
5	up to \$36,194	\$36,195 - 60,325
6	up to \$41,414	\$41,415 - 69,025
7	up to \$46,634	\$46,635 - 77,725
8	up to \$51,854	\$51,855 - 86,425

I want Tennessee to lead the nation in our commitment to covering children. We have the opportunity to accomplish that goal if we act decisively. Let's make it as easy for children to get health insurance as it is to check out a library book.

-- Governor Phil Bredesen

BENEFIT	FAMILY INCOME AT OR BELOW 150% FPL	FAMILY INCOME BETWEEN 150-250% FPL
Annual Deductible	None	None
Preexisting Condition Requirement	None	None
Physician Office Visit	\$5 co-pay PCP or specialist	\$15 co-pay PCP; \$20 co-pay specialist
Hospital Care	\$5 per admission (waived if readmitted within 48 hours for same episode)	\$100 per admission (waived if readmitted within 48 hours for same episode)
Prescription Drug Coinsurance/Copay	\$1 generic; \$3 preferred brand; \$5 non-preferred brand	\$5 generic; \$20 preferred brand; \$40 non-preferred brand
Maternity	\$5 co-pay OB or specialist, first visit only; \$5 hospital admission	\$15 co-pay OB, first visit only; \$20 co-pay specialist; \$100 hospital admission
Routine Health Assessment and Immunizations – Child	No co-pays for services rendered under American Academy of Pediatrics guidelines	No co-pays for services rendered under American Academy of Pediatrics guidelines
Emergency Room	\$5 co-pay per use in case of an emergency waived if admitted); \$10 co-pay per use for non-emergency	\$50 co-pay per use (waived if admitted)
Chiropractic Care	\$5 co-pay; Maintenance visits not covered when no additional progress is apparent or expected to occur	\$15 co-pay; Maintenance visits not covered when no additional progress is apparent or expected to occur
Ambulance Service – Air & Ground	No co-pay 100% of reasonable charges when deemed medically necessary by claims administrator	No co-pay 100% of reasonable charges when deemed medically necessary by claims administrator
Lab and X-ray	No co-pay; 100% benefit	No co-pay; 100% benefit
Physical, Speech & Occupational Therapy	\$5 co-pay per visit; Limited to 52 visits per year per condition	\$15 co-pay per visit; Limited to 52 visits per year per condition
Mental Health Inpatient (preauthorization required)	\$5 co-pay per admission; Limited to 30 days per year	\$100 co-pay per admission; Limited to 30 days per year
Substance Abuse Inpatient (preauthorization required)	\$5 co-pay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay	\$100 co-pay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay
Mental Health/Substance Abuse Outpatient (preauthorization req.)	\$5 co-pay per session; Limited to 52 sessions mental health and substance abuse combined	\$20 co-pay per session; Limited to 52 sessions mental health and substance abuse combined
Annual Out-of-Pocket Maximums	5% of family income	5% of family income